

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0003776739 Fi	ile Number: 0000118878	Submit Date: 07/29/	2020 Call Sign: WTMB	Facility ID: 30305 City:
TOMAH State: WI				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 07/29/2020	Filing Status: Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	2020 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
MAGNUM RADIO, INC. Doing Business As: MAGNUM RADIO, INC.	David R. Magnum, President P.O. BOX 400 Portage, WI 53901 United States	+1 (608) 742- 2544	magcom@chorus. net	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	John C. Trent , Esq . Counsel Putbrese Hunsaker & Trent, P. C.	John C. Trent, Esq. 200 South Church Street Woodstock, VA 22664 United States	+1 (540) 459- 7646	fccman3@shentel. net	Legal Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	39627	WXYM	ТОМАН	WI	No
	52533	WBOG	ТОМАН	WI	No
	30305	WTMB	ТОМАН	WI	No

## Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Additional Program Report Questions	Responsibility for Implementation A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. Th official's name and title are:				
	Name	Title			
	David R Magnum	President			
Certification	Question	Response			
	The undersigned certifies that he or she is (a) the party filing the report, or an trustee, authorized employee, or other individual or duly elected or appointed behalf of the party filing the report; or (b) an attorney qualified to practice befor R. Section 1.23(a), who is authorized to represent the party filing the report, a she has read the document; that to the best of his or her knowledge, information to support it; and that it is not interposed for delay	official who is authorized to sign on re the Commission under 47 C.F. nd who further certifies that he or			
	Certified Date	07/29 /2020			
	Certified Title				
	Authorized Party Name	David R Magnum			
Attachments	Uploaded	cription Upload Status			

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO NARRATIVE.Magnum. docx	Applicant	Narrative Statement	Narrative	Done with Virus Scan and/or Conversion
Western EEO 17-18.pdf	Applicant	EEO Public File Report	2017-2018	Done with Virus Scan and/or Conversion
Western EEO 18-19.pdf	Applicant	EEO Public File Report	2018-2019	Done with Virus Scan and/or Conversion